

H-3500 ADULT GROUP**H-3501 GENERAL INFORMATION**

The Affordable Care Act (ACA) of 2010 established a new Medicaid eligibility group for individuals age 19 through 64, hereafter referred to as the Adult Group.

Beginning July 1, 2016, this new group includes individuals with income less than or equal to 138 percent of the Federal Poverty Level (FPL) (133 percent FPL, plus 5 percent disregard).

Eligibility will be determined using Modified Adjusted Gross Income (MAGI) based income standards.

H-3502 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-3502.1 Assistance Unit

The assistance unit consists of the adult individual.

H-3502.2 Establish Categorical Requirement

Verify that the individual meets the following requirements:

- Is age 19 or older, but under age 65;
- Is not pregnant;

Note:

Enrollees, who later become pregnant, may remain in the Adult Group.

- Is not entitled to or enrolled in Medicare Part A or Part B;
- Is not otherwise eligible for Medicaid; and
- If a parent or other caretaker relative living with a dependent child under age 19, the child must have health coverage (Medicaid or private health coverage).

Note:

Applicants/enrollees with Medicare are not eligible for coverage, however, private insurance coverage is allowed.

H-3502.3 Establish Non-Financial Eligibility

Establish non-financial eligibility requirements in the Adult program.

Verify eligibility with regard to the following factors:

- [Age – MAGI-Related](#) [I-100](#)
- [Citizenship/Alien Status](#) [I-300](#)
- [Enumeration](#) [I-600](#)
- [Residence](#) [I-1900](#)

H-3502.4 Establish Need

Household composition for the Adult Group is based on the MAGI methodology. Refer to [I-1550 MAGI Determinations](#).

Countable income for the Adult Group is based on the MAGI methodology. Refer to [I-1550 MAGI Determinations](#). Compare to the income standard for the Adult Group. Refer to [Z-200 Federal Poverty Guidelines](#).

H-3502.5 Eligibility Decision

Evaluate all eligibility requirements and verifications received to make the eligibility decision.

H-3502.6 Certification Period

The certification period may be effective no earlier than three (3) months prior to the application date, provided the individual is otherwise eligible. The months of retroactive coverage are not included in the twelve (12) month certification period. The twelve (12) month certification period begins with the month of application. Twelve months continuous eligibility does not apply to the Adult Group.

Retroactive medical eligibility (RME) shall be explored for the three (3) months prior to the month of application. Refer to [H-1800, Retroactive Medical Eligibility](#).

Note:

Coverage cannot begin prior to July 1, 2016. Explore eligibility in other Medicaid programs prior to that date when appropriate.

H-3502.7 Notice of Decision

Send the appropriate notice of decision to the applicant/enrollee.